MARYLAND STATE DEPARTMENT OF HEALTH

06739

2411 N. Charles Street, Baltimore

6738

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Centennial Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Centennial Lane

3. NAME OF DECEASED (Type or Print): (First) EDMUND (Middle) LEE (Last) ANTHONY

4. DATE OF DEATH: (Month) 7-14- (Day) 1955 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-25-1895

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy (Cress)

11. BIRTHPLACE (State or foreign country): Shanghai, W. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W I

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Willett Mason, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute myocardial infarct — Interval between onset and death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) 3 previous infarcts — since 5 years

(c) coronary atherosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none significant

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 55 to July, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald E. Tiger MD Ellicott City, Md. 7-16-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-18-55	National	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 18, 1955	John B. Loughran Dep. B.E.L.	F.C. Higinbothom, Ellicott City, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6739

Item 7, Film G184 8-1-55 et

06740

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Old Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodbine X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) J. (Last) BECRAFT

4. DATE OF DEATH (Month) 7-20-55 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ? 1897

9. AGE last birthday: ? 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Howard County Road Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond J. Becraft

14. MOTHER'S MAIDEN NAME: Eliz. Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: 214-18-8965

17. INFORMANT & ADDRESS: Mrs. Sylvia Becraft, Woodbine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary artery occlusion — Interval between onset and death: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Charles S. Whitaker, M.D. Clarksville, Md.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED 7-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-22-55

NAME OF CEMETERY OR CREMATORY Jennings Chapel

LOCATION (City, town, or county) (State) Florence, Md.

DATE REC'D BY LOCAL REG. 7-20-55

REGISTRAR'S SIGNATURE John B. Loughran

24. FUNERAL DIRECTOR ADDRESS C.M. Waltz, Winfield, Maryland

July 22-55 Pvt. B. E. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure that each answer is correct and complete. Information is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06741

6749

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hinkson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: aryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1622 Thetford Road

03-55-2

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) CIPOLLA (Last)

4. DATE OF DEATH: (Month) 7-2-55 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1-28-55

9. AGE last birthday: yrs. — If under 1 year: Months 5, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Salvator Cipolla

14. MOTHER'S MAIDEN NAME: Ruth Jung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Salvator Cipolla. Towson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Marasmus	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Mongolism	congenital
(c)		

32.54

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1955, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title) ADDRESS: Clarksville, Maryland DATE SIGNED: 7/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-2-55 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG. 7-5-55 — REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

2015342302

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06303 191

6741

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY ~~Balto.~~ Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nurs. Ho.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 610 N. Monroe St. 3701-4

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) E. (Last) DIETRICH

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Jan. 5, 1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hicken
14. MOTHER'S MAIDEN NAME: Mary Ann Beckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Clarence Russell - 7030 Bank St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vasc. Accident

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis Generalized & Cerebral
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, DF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1955, to 7/25, 1955, that I last saw the deceased alive on 7/20, 1955, and that death occurred at M. from the causes and on the date stated above.
SIGNATURE Eugene J. Miller M.D. ADDRESS 5226 Balt. Nat. Bldg DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/27/55
NAME OF CEMETERY OR CREMATORY: Western Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-27-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto 17 Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

6742

07814

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenwood
LENGTH OF STAY (In this place): 5 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 97 at Glenwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brinklow
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Gordon (Middle) Allan (Last) Dorsey
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955
5. SEX: male
6. COLOR OR RACE: col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1/29/29
9. AGE last birthday: 26 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: gardening
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Hill
14. MOTHER'S MAIDEN NAME: Gladys Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary C. Dorsey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8237

Immediate cause (a) Multiple third degree burns — Interval between onset and death: instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: road
(CITY OR TOWN) (COUNTY) (STATE): Glenwood, Howard, Maryland
TIME (Month) (Day) (Year) (Hour) OF INJURY: July 30, 55-8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? truck ran into tree, caught on fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Maryland DATE SIGNED: 7/31/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-2-1955
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Aug 23, 1955
REGISTRAR'S SIGNATURE: C. Pearl Mervis
24. FUNERAL DIRECTOR: Robert R. Snowden
ADDRESS: Rockville, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06742

6743

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Clarksville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Hinston Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia
COUNTY: Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church
83X-3
STREET ADDRESS (If rural, give location): 6609 Glen Carlyn Drive

3. NAME OF DECEASED (Type or Print): (First) KATHLEEN (Middle) MARY (Last) GAIPA

4. DATE OF DEATH: (Month) 7-19-55 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-5-55

9. AGE last birthday: yrs. If under 1 year: Months 1 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joachim Gaipa

14. MOTHER'S MAIDEN NAME: Frances Boczar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joachim Gaipa, Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Multiple Congenital anomalies (hare lip)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) cleft palate, congenital heart disease,

(c) Epilepsy mongolism)

INTERVAL BETWEEN ONSET AND DEATH: 6 weeks (congenital)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 7/19, 1955, that I last saw the deceased alive on 7/10, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Md. DATE SIGNED: 7/20/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-20-55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 7-20-55

REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

9V6599V99V

6744

06743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Freetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville X; STREET ADDRESS (If rural, give location) Freetown Road

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) M (Last) JONES

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 6, 1892

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Simpsonville, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Henson

14. MOTHER'S MAIDEN NAME: Laura Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Richard Jones, Simpsonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Cachexia — Interval Between Onset and Death: 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of colon — 2 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 154 1

19b. MAJOR FINDINGS OF OPERATION: carcimona of colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to July 1, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED July 3, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-5-55 — NAME OF CEMETERY OR CREMATORY: Locust Chapel — LOCATION (City, town, or county) (State): Simpsonville, Md

DATE REC'D BY LOCAL REG. 7-5-55 — REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

6745

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06744

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Ellicott City
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania — COUNTY York
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): York, Pa. 75 X-3
STREET ADDRESS (If rural give location): 215 Harding Court

3. NAME OF DECEASED: (First) Edith (Middle) M (Last) Kauffman

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 26, 1893
9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): York County
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Kauffman
14. MOTHER'S MAIDEN NAME: Arvilla Forrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Charles Kauffman, York, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: 026X	(A) Coronary Occlusion (prob luetic)	5 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Tertiary lues	years
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C.N.S. Lues — years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955, to July 9, 1955 that I last saw the deceased alive on July 9, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE: Jerry J. Taylor M.D. — ADDRESS: Taylor Manor Hospital — DATE SIGNED: 7/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 7-12-55
NAME OF CEMETERY OR CREMATORY: Prospect Hill
LOCATION (City, town, or county) (State): York County, York, Pa.

DATE REC'D BY LOCAL REGISTRAR: July 9, 1955
REGISTRAR'S SIGNATURE: John B. Longshaw Pro. B. E. D.
24. FUNERAL DIRECTOR: F. C. Hogarth & Son
ADDRESS: Ellicott City

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6746

CERTIFICATE OF DEATH

Reg. Dist. No. 07818

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glenwood
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood. Md. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) B. (Last) Kelly

4. DATE OF DEATH: (Month) (Day) (Year) July 6 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 14 1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simon Kelly

14. MOTHER'S MAIDEN NAME: Virginia Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-36-7636

17. INFORMANT & ADDRESS: Mary Dugan Kelly, Glenwood, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.1

IMMEDIATE CAUSE (A) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Granulosa

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 11/1/54

19B. MAJOR FINDINGS OF OPERATION: Biopsy. Seen on back.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

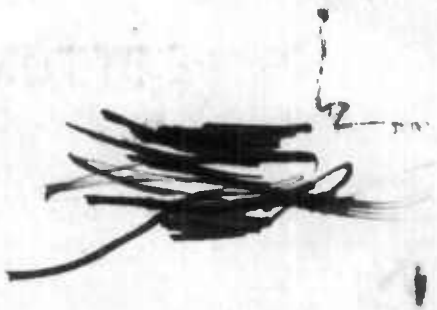
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 7/6, 1955, that I last saw the deceased alive on 7/5, 1955, and that death occurred at 4.10 AM, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Sandy Spring DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 7-8-55 | NAME OF CEMETERY OR CREMATORY St Michaels | LOCATION (City, town, or county) (State) Popular Springs

DATE REC'D BY LOCAL REGISTRAR Aug 22, 1955 | REGISTRAR'S SIGNATURE E. Pearl Mercer | 24. FUNERAL DIRECTOR | ADDRESS F.C. Higginbotham Ellicott City Md



06745

6747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Old Frederick Road

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HUMPHREY (Last) KERWIN

4. DATE OF DEATH (Month) (Day) (Year) 7-21-1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	2-4-1904	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Operator	Ho. County	Virginia	

13. FATHER'S NAME Daniel Kerwin

14. MOTHER'S MAIDEN NAME Susan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	?	Floyd Kerwin, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute coronary thrombosis	1½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary atherosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 21, 1955, to July 21, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 6 15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold E. Fisher	MD	Ellicott City Maryland	7-22-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-24-55	Good Shepherd	Ellicott City, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-23-55	John B. Longshaw Pro. B. E. L.	F.C. Higinbotham, Ellicott City, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6749

06746

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Montevideo

LENGTH OF STAY (in this place): 11 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Montevideo X

STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) (Last) KURZE

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH? September 30 1880

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): naval construction engineer with German navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Liechenstein - Callenberg Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Constanz Kurze

14. MOTHER'S MAIDEN NAME: ~~Hilda~~ Clara Biemer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hilda E. Kurze, Montevideo, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause — (a) Coronary Occlusion. — Interval between onset and death: 1 day.

DUE TO

Antecedent cause(s) Disenses or conditions, if nny, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Heart Dis. — 5 yr.

DUE TO

(c) Generalized Arteriosclerosis — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — 1 yr.

19a. DATE OF OPERATION: 5/10/54

19b. MAJOR FINDINGS OF OPERATION: Prostatectomy, Chr. Hypertrophy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 19 54, to 7/8, 19 55, that I last saw the deceased alive on 7/7, 19 55, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. M. Warren M.D. ADDRESS Laurel DATE SIGNED 7/8/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 12 1955

NAME OF CEMETERY OR CREMATORY New Athens Cemetery

LOCATION (City, town, or county) (State) New Athens Illinois

DATE REC'D BY LOCAL REG. July 8 - 55

REGISTRAR'S SIGNATURE C. Byrd Williams

24. FUNERAL DIRECTOR W. De Witt Donaldson ADDRESS Laurel, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06747

6749

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5715 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural give location) 5715 Main St

3. NAME OF DECEASED: (Type or Print) (First) Williamson (Middle) Wade (Last) Moss Jr

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Mln.
Male	White	Married	Sept 29-1901	53 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Chemical	Baltimore City	U.S.A.

13. FATHER'S NAME: Williamson Wade Moss

14. MOTHER'S MAIDEN NAME: Hattie Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		122-12-8038	Mrs Virginia Moss 5715 Main St Elkridge 27 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Chr Myocarditis & Art Sclerosis — 1½ yrs
(C) of coronary artery

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch, 1954, to July 23 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 11:15 P M, from the causes and on the date stated above.

SIGNATURE AND TITLE OF M. D. C. F. Brumbaugh — ADDRESS 5609 Main St Elkridge 27 Md — DATE SIGNED July 23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/26/55	Loudon Park	Balto Md

DATE REC'D BY LOCAL REGISTRAR July 25, 1955 — REGISTRAR'S SIGNATURE Mrs. E. Bud Williams — 24. FUNERAL DIRECTOR Mac Nabb & Son — ADDRESS Catonsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06748

6750

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge-27, Rural
LENGTH OF STAY (In this place) Many yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge -27, Rural
STREET ADDRESS (If rural, give location) Waterloo Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THEODORE	NORMAN		7-29-55		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Married	1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	—	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-12-4193	Carrie Norman, Elkridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carinoma of Prostate — Interval between onset and death: 9 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/19/54	Carcinoma of Prostate	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1st, 1954 to July 29, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 11 m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
B.B. Brumbaugh M.D. per T.E.S.	Elkridge 27 Md.	7/30/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-30-55	Gaines	Elkridge, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-31-55	Frank Shipley	F.C. Higinbothom, Ellicott City, Md.	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06749

6751

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Orchard Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): 11 Orchard Drive

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) W (Last) PALMER

4. DATE OF DEATH: (Month) (Day) (Year) 7-22-1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 3-5-1873

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Wooden Pump Maker

11. BIRTHPLACE (State or foreign country): Harney, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Palmer

14. MOTHER'S MAIDEN NAME: ? Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Irvan Ashby, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure. — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) Carcinoma, Right Lung. — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12/, 1954, to 7/22/, 1955, that I last saw the deceased alive on 7/21/, 1955, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: William B. Jessamy — (Degree or title): M.D — ADDRESS: Ellicott City, Md — DATE SIGNED: 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-25-55 — NAME OF CEMETERY OR CREMATORY: Mt. Pleasant — LOCATION (City, town, or county) (State): Gamber, Md.

DATE REC'D BY LOCAL REG.: 7-25-55 — REGISTRAR'S SIGNATURE: John B. Longhurst

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md

Pur. B. E. L.

MARYLAND STATE DEPARTMENT OF HEALTH

6752

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07825

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenwood; LENGTH OF STAY (In this place): 5 mins.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 97 at Glenwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brinklow; STREET ADDRESS (If rural, give location): 15 X-2

3. NAME OF DECEASED (Type or Print): (First) Sylvester (Middle) (Last) Pratt

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/10/27

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gardening

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Pratt

14. MOTHER'S MAIDEN NAME: Mary Donovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Pratt (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X

Immediate cause (a) Multiple third degree burns — Interval between onset and death: inst.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: road (CITY OR TOWN) Glenwood, (COUNTY) Howard, (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/30/55 8:00 P.M. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? truck ran into tree, caught on fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title) ADDRESS: Clarksville, Maryland DATE SIGNED: 7/31/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8-2-1955 NAME OF CEMETERY OR CREMATORY: Mt Zion. LOCATION (City, town, or county): Mt Zion, (State) Md

DATE REC'D BY LOCAL REG.: Aug. 23, 1955 REGISTRAR'S SIGNATURE: Hart Myerin

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06750

6753

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Dayton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dayton X
STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED: (Type or Print) (First) Marjorie (Middle) Ellen (Last) Simpson

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-16-23

9. AGE last birthday: 32 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Beall

14. MOTHER'S MAIDEN NAME: Ida Hardesty

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

331 X
Immediate cause (a) Cerebral hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rupture of Right Cerebral vessel
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1946, to 7-12, 1955, that I last saw the deceased alive on 7-12, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker M.D. — ADDRESS: Clarksville, Md — DATE SIGNED: 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 7-15-55 | NAME OF CEMETERY OR CREMATORY: Linthicum Chapel | LOCATION (City, town, or county) (State): Clarksville Md

DATE REC'D BY LOCAL REGISTRAR: 7-18-55 | REGISTRAR'S SIGNATURE: Marie A. Whitaker | 24. FUNERAL DIRECTOR: F.C. Higinbotham — ADDRESS: Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06751

6754

CERTIFICATE OF DEATH

Reg. Dist. No. 19/

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Elicott City
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Shaffer Convalescent Home,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M d COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Yo 1-4
STREET ADDRESS (If rural give location) 1203 N. Decker Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Soulsby

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-12- 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): M aryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Cochran
14. MOTHER'S MAIDEN NAME: Lydia Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: J.R.Soulsby, 1203 Decker Ave, Balto

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443 X (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive CV disease — 5 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1954 to July 2, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 8:00 M, from the causes and on the date stated above.
SIGNATURE [signature] M. D.
ADDRESS Ellicott City, Md
DATE SIGNED 7/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-5-1955
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Port Deposit, M d, Rural

DATE REC'D BY LOCAL REGISTRAR 7-5-1955
REGISTRAR'S SIGNATURE John B. Langhan. Per B. C. L.
24. FUNERAL DIRECTOR Vera Patterson & Son
ADDRESS Perryville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06752

6755

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford
LENGTH OF STAY (in this place) 87 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jessup, R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford
STREET ADDRESS (If rural, give location) Jessup, R.F.D.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) SUPER (Last)

4. DATE OF DEATH (Month) (Day) (Year): 7-12-55 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-10-1868

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry D. Super

14. MOTHER'S MAIDEN NAME: Annie Ashenburner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur Kersten, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Haemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia (c)

INTERVAL BETWEEN ONSET AND DEATH: 9 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4/55 19, to 7/12/55 19, that I last saw the deceased alive on 7/12/55 19, and that death occurred at 4 p. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley (Degree or title) M.D. ADDRESS Savage, Md. DATE SIGNED 7/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-14-55

NAME OF CEMETERY OR CREMATORY: Christ Church

LOCATION (City, town, or county) (State): Guilford, Md.

DATE REC'D BY LOCAL REG. 7/13/55

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING